



## Application Data Sheet

### Application Information

Application number::	<u>10/616,403</u>
Filing Date::	07/08/03
Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R??::	
Number of CD disks::	
Number of copies of CDs::	
Sequence Submission::	
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title::	BREAST CANCER GENES
Attorney Docket Number::	02307O-139300US
Request for Early Publication::	No
Request for Non-Publication::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	3
Small Entity?::	Yes
Latin name::	
Variety denomination name::	
Petition included?::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers One::	
Secrecy Order in Parent Appl.::	No

### **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Joe  
Middle Name:: W.  
Family Name:: Gray  
Name Suffix::  
City of Residence:: San Francisco  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 50 Santa Paula Avenue  
City of Mailing Address:: San Francisco  
State or Province of mailing address:: CA  
Country of mailing address::  
Postal or Zip Code of mailing address:: 94143

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: United Kingdom  
Status:: Full Capacity  
Given Name:: Richard  
Middle Name:: M.  
Family Name:: Neve  
Name Suffix::  
City of Residence:: San Francisco  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 767 Buena Vista Avenue W., #304  
City of Mailing Address:: San Francisco  
State or Province of mailing address:: CA

Country of mailing address::

Postal or Zip Code of mailing address:: 94117

Applicant Authority Type:: Inventor

Primary Citizenship Country:: United Kingdom

Status:: Full Capacity

Given Name:: Frank

Middle Name:: \_\_\_\_\_

Family Name:: McCormick

Name Suffix:: \_\_\_\_\_

City of Residence:: San Francisco

State or Province of Residence:: CA

Country of Residence:: US

Street of Mailing Address:: 1870 Jackson Street

City of Mailing Address:: San Francisco

State or Province of mailing address:: CA

Country of mailing address:: \_\_\_\_\_

Postal or Zip Code of mailing address:: 94109

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Jennifer

Middle Name:: \_\_\_\_\_

Family Name:: Yeh

Name Suffix:: \_\_\_\_\_

City of Residence:: San Francisco

State or Province of Residence:: CA

Country of Residence:: US

Street of Mailing Address:: 132 Clayton Street

City of Mailing Address:: San Francisco

State or Province of mailing address:: CA  
Country of mailing address::  
Postal or Zip Code of mailing address:: 94117

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Koei  
Middle Name::  
Family Name:: Chin  
Name Suffix::  
City of Residence:: Foster City  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 301 Chesapeake Avenue  
City of Mailing Address:: Foster City  
State or Province of mailing address:: CA  
Country of mailing address::  
Postal or Zip Code of mailing address:: 94404

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Madhu  
Middle Name::  
Family Name:: Macrae  
Name Suffix::  
City of Residence:: San Francisco  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 169 Stratford Drive

City of Mailing Address:: San Francisco

State or Province of mailing address:: CA

Country of mailing address:: \_\_\_\_\_

Postal or Zip Code of mailing address:: 94132

### **Correspondence Information**

Correspondence Customer Number:: 20350

### **Representative Information**

Representative Customer Number:: 20350

### **Domestic Priority Information**

Application:: Continuity Type:: Parent Application:: Parent Filing Date::

### **Foreign Priority Information**

Country:: Application number:: Filing Date::

### **Assignee Information**

Assignee Name:: The Regents of the University of California

Street of mailing address:: 1111 Franklin Street, 12th Floor

City of mailing address:: Oakland

State or Province of mailing address:: CA

Country of mailing address::

Postal or Zip Code of mailing address:: 94607-5200